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Action on the social determinants of health: Views from inside the policy process

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ABSTRACT

It is now well documented that many of the key drivers of health reside in our everyday living conditions. In the last two decades, public health has urged political action on these critical social determinants of health (SDH). As noted by the World Health Organisation, encouraging action in this area is challenging. Recent research has argued that public health researchers need to gain a deeper understanding of the complex and changing rationalities of policymaking. This, it seems, is the crucial next step for social determinants of health research.

In this paper, we turn our attention to the practitioners of 'the art of government', in order to gain insight into how to secure upstream change for the SDH. Through interviews with policy actors (including politicians, senior government advisors, senior public servants and experienced policy lobbyists) the research sought to understand the nature of government and policymaking, as it pertains to action on the SDH. Through exploring the policy process, we examine how SDH discourses, evidence and strategies align with existing policy processes in the Australian context.

Participants indicated that approaches to securing change that are based on linear conceptualisations of the policy process (as often found in public health) may be seen as 'out of touch' with the messy reality of policymaking. Rather, a more dialogic approach that embraces philosophical and moral reasoning (alongside evidence) may be more effective. Based on our findings, we recommend that SDH advocates develop a deeper awareness of the political and policy structures and the discursive conventions they seek to influence within specific settings.

1. Introduction and background

For well over a century, we have known that many of the key drivers of health reside in our everyday living conditions (CSDH, 2008; Porter, 1999; Rosen, 1958). In the last four decades a large volume of research has been amassed which documents the varied ways in which social, economic, political and cultural environments impact upon health. This evidence on the social determinants of health (SDH) has prompted calls for widespread political action at both a national and global level (CSDH, 2008). Much of this evidence is, however, broadly agreed to be descriptive; causal mechanisms and pathways to change remain elusive (Bambra et al., 2010; Coburn et al., 2003).

In addition to calling for an upscaling of public health interventions globally, the WHO has recommended that national governments adopt a 'whole-of-government' approach to address the SDH, aimed at securing what is referred to as 'upstream' level change (i.e. change at the macro level within governments, which will result in widespread health benefits) (Bambra et al., 2010; Coburn et al., 2003). The necessity of including the whole of government in the effort to improve the SDH has been recognised since Canada's 1974 *Lalonde Report* (Lalonde, 1974). Similarly, the 1980 *Black Report* recommended the Cabinet Office machinery be made responsible for reducing health inequalities (Black, 1982). Currently, there are two dominant approaches advocated for whole of government change to address the social determinants of health: Health In All Policies, and Marmot's 'fairness agenda' (Carey et al., 2014). Recent research has identified significant shortcomings within these approaches which stem (in the main) from an underdeveloped conceptualisation of the policy process and its

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context (Carey et al., 2014).

Similarly, researchers, such as Coburn et al. (2008) and Bambra et al. (2005), have argued that the gap between SDH research, political action and policy trends is actually widening, and that this stems from a lack of understanding of the politics and processes of policy change. As Clavier and de Leeuw (2013) suggest, translating the desire for action on the macro-level determinants of health into political reality has proven challenging seemingly because the "complex and shifting rationalities of policy still largely elude" health researchers.

At present, the design of whole-of-government initiatives for the social determinants of health relies upon evidence describing global health inequity, as opposed to that of successful whole-of-government intervention from disciplines like political science or public policy (Carey et al., 2014). This, we argue, goes to the heart of current barriers to addressing the social determinants of health at a macro level. Greater awareness is needed in population health research regarding the policy and political processes broadly, as well as deeper knowledge of how those concerned with improving the SDH can best navigate it. As argued by Exworthy and Hunter, increasingly the challenge for SDH researchers is not documenting the evidence, but better understanding the policy process (Exworthy and Hunter, 2011).

While public policy scholars have increasingly shifted towards more complex and non-linear models of policymaking, current efforts to influence policy processes in the SDH field too often rely on simple knowledge translation approaches (Clavier and de Leeuw, 2013; Coburn et al., 2003; Marmot, 2010). Such approaches reflect what Russell et al. refer to as a 'naïve rationalist' view of policymaking (Russell et al., 2008). Here, policymaking is seen to be a matter of finding and implementing the best research evidence and the answer to improving policy is to ensure a smooth flow of evidence into practice. However, political science research has long established that policymaking is a complex, iterative and contextually embedded process – not a linear one (Kingdon, 1984).

In seeking to understand how certain ideas or issues gain political traction and hold politician's interest long enough to be turned into action, Kingdon (1984) turned his attention to the study of practitioners in the field of government (i.e. policymakers). In doing so, he developed a theory of political agenda setting which continues to provide useful insights in a range of fields, including public policy (Green-Pedersen and Wilkerson, 2006) and public health (Baum et al., 2013; Exworthy, 2008). This focus on 'practice' is consistent with a growing interest in developing 'practice-based evidence', as a means of closing the gap between research evidence and practice (Gabbay and Le May, 2011; Green, 2008). While predominately aimed at 'practitioners' in community and clinical settings, we argue that much can be gained by turning this gaze to the practice of policymakers.

In this paper, we turn our attention to the practitioners of 'the art of government', in order to gain insight into how to secure upstream change for the SDH, guided by Kingdon's work on agenda setting. This perspective is consistent with emerging work in Norway, which investigates the practice of policymaking in order to better understand how action on the SDH might occur (Strand and Fosse, 2011).

In response to recommendations made by the WHO – that political action on the SDH requires leadership from within the health sector – previous research has explored the perspectives of health ministers regarding the SDH (Baum et al., 2013). Baum et al. (2013: 154) revealed that health competes with many other, more 'straightforward', issues within health portfolios that demand attention, such as those directly related to the healthcare system. They conclude "policy spaces for action on the SDH require that the rest of the health portfolio area is not perceived to be in crisis". Given the significant barriers identified by Baum and colleagues to the health sector 'championing' action on the SDH (Whitehead et al., 2009), we examine the perspectives of a wider range of policy actors, many of whom have direct carriage for action or advocacy on the SDH.

Our conceptual starting point is the policy process itself, and how those who operate at different levels and from different vantage points understand and navigate it. Our aim is to develop a more nuanced understanding of the policy process as it pertains to the SDH. Our sample included politicians and policymakers across diverse portfolios within government, along with private and not-for-profit lobbyists – all of whom are engaged in political agenda settings and policy action (Kingdon, 1984). Through exploring the policy process, we examine how SDH discourses, evidence and strategies align with existing policy processes in the Australian context from the perspectives of experienced policy actors.

2. Methods

Qualitative semi-structured interviews were conducted with 21 policy 'practitioners' in early 2014 (see Table 1), including: former ministers, senior advisors to government, senior current and ex-public servants (e.g. Secretaries and Deputy Secretaries) in areas including: Treasury, Finance, Prime Minister and Cabinet, and Education. A range of high profile lobbyists were also identified for inclusion in the study, on the basis of their having achieved success in creating policy change in the following areas: education, disability, welfare policy, health, and public health. Hence, many of our participants had direct carriage for action on specific SDH (e.g. education and welfare policy). The research was approved by the Monash University Human Ethics Committee.

The study used snowball sampling (Blaikie, 1993). Five individuals were initially identified on the basis of their past/current role in politics, policy and advocacy. These participants nominated other appropriate individuals, until saturation was reached (i.e. no significantly new issues were raised by participants and participants began to nominate individuals who had already taken part in the study). Participants were approached via email and interviews were predominately conducted over the phone due to ease of scheduling. Wherever possible, face-to-face interviews were conducted.

Participants were provided with a one-page description of current SDH work, drawing on the WHO Commission on Social Determinants of Health Report (CSDH, 2008) and the Marmot Review (Marmot, 2010). During the interviews, participants were asked to reflect: on the policy process, and the nature of government and politics. Based on that reflection participants were asked to evaluate the 'fit' and potential of the SDH discourse and evidence to motivate policy change. Interviewees were also asked to describe how they would approach lobbying for political and policy change on the SDH. Interviews were transcribed verbatim.

Table 1
Participants.

Position[a]	No.
Former or current ministers	2 (one state, one federal)
Senior federal policymakers	7
Lobbyists	10
Senior Federal Policy Advisors	4

[a] Some individuals are accounted for more than once due to career changes.